# Protection Impact Assessment (DPIA)

Please complete all questions with as much detail as possible (liaising with partners/third parties) and then contact the IG Team prior to seeking approval.

**System/Project General Details and Screening Questions**

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| --- | --- | --- |
| **System/project/process (referred to thereafter as ‘project’) title:** | Eclipse Live | |
| **Objective:** | To enable Eclipse Live software across all Doncaster GP practices | |
| **Detail:** Outline the purpose of the project, the types of information to be used and how this information will be processed | * Draws uploads from GP systems overnight * Stores anonymised data on eclipse * Allows medicines management to get live prescribing data. * Allows feedback on dangerous interactions * Patient Safety.   It is intended with the practices permission that Eclipse Live will be used as a risk stratification tool to identify patients that are.   * On a combination of drugs that are likely to result in an adverse event * That are on drugs that require regular monitoring, but are not being monitored appropriately * Identify patients with a long-term condition that are not receiving treatment in accordance with NICE guidelines * Identify patients with a long-term condition that are not being monitored appropriately | |
| **Stakeholders/Relationships/Partners:** Please outline the nature of such relationships and the corresponding roles of other organisations. | NHS South Yorkshire Doncaster Locality. GP practices Doncaster locality | |
| **Other related projects:** |  | |
| **Project lead:** | Name: | Charlotte McMurray |
| Title: |  |
| Department: | Medicines Optimisation Team |
| Telephone: |  |
| Email | charlotte.mcmurray@nhs.net |
| **Information Asset Owner (if applicable):**  All information systems/assets must have an Information Asset Owner (IAO). IAO’s should normally be a Head of Department/Service. | Name: | Charlotte McMurray |
| Title: | Chief Pharmacist |
| Department: | Medicines Optimisation Team |
| Telephone: |  |
| Email | charlotte.mcmurray@nhs.net |
| **Information Asset Administrator (if applicable):**  Information systems/assets may have an Information Asset Administrator (IAA) who reports the IAO. IAA’s are normally System Managers/Project Leads. | Name: | Karen Jennison |
| Title: | Senior Medicines Optimisation Technician |
| Department: | Medicines Optimisation Team |
| Telephone: |  |
| Email | karen.jennison@nhs.net |

Marking any of the **following** questions is an indication that a full DPIA is required. This is not an exhaustive list therefore in the event of uncertainty, completion of a full DPIA is recommended:

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| **Screening Questions** | | **Tick** |
| 1 | Will the project involve the processing of identifiable or potentially identifiable data (including pseudonymised data) about individuals? |  |
| 2 | Will the processing introduce or make use of a new platform not currently in use? |  |
| 3 | Will the project compel individuals to provide data about themselves or involve the processing of personal data not obtained directly from the individual?  i.e. where they will have little awareness or choice or where it is impossible, or would involve disproportionate effort, to inform the individuals that the processing is taking place |  |
| 4 | Will identifiable data about individuals be shared with other organisations or people who have not previously had routine access to the data? |  |
| 5 | Are you using data about individuals for a purpose it is not currently used for or in a new way?  i.e. using data collected to provide care for evaluation/analysis |  |
| 6 | Will the processing include any data matching e.g. the combining, comparing or linking of personal data obtained from multiple sources? |  |
| 7 | Will there be processing of any of the following:  health data, genetic data, data concerning sex life, data revealing racial or ethnic origin, biometric data, genetic data, data revealing political opinions, religious or philosophical beliefs, trade union membership, criminal records |  |
| 8 | Will the project require you to contact individuals in ways which they may find intrusive?  i.e. telephoning or emailing them without their prior consent. |  |
| 9 | Will the project result in you making decisions, based to any extent on automated decision-making, which could have a significant impact on individuals?  i.e. decisions about an individual’s access to a product, or service, opportunity or benefit |  |
| 10 | Does the project involve you using new technology which might be perceived as being privacy intrusive?  i.e. using biometrics, facial recognition, Artificial Intelligence or tracking (such as tracking an individual’s geolocation or behaviour) |  |
| 11 | Are you using a Data Processor/third party supplier or is a service/processing activity being transferred to a new supplier/organisation (or re-contracted) at the end of an existing contract |  |
| 12 | Will the project involve systematic monitoring of a publicly accessible area on a large scale?  i.e. use of CCTV |  |
| 13 | Will the project involve the targeting of children or other vulnerable individuals?  i.e. for marketing purposes, profiling or other automated decision making |  |

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| **Full DPIA required?** | Yes  No |

**If a full DPIA is indicated – please complete the rest of the DPIA and submit it in full to the IG Team for review.**

**If a full DPIA is NOT indicated, please extract this section and submit to the IG Team for review.**

**Please retain a copy of this questionnaire within your project/system documentation**.

**Section 1: Data Protection Impact Assessment Key Questions**

|  | **Question** | **Response** |
| --- | --- | --- |
| **Data Items** | | |
|  | **Will the project use identifiable or potentially identifiable data in any way?**  If answered ‘No’ then a DPIA is not normally suggested. | Yes  No  If yes, who will this data relate to:  Patient  Staff  Other (please state): |
|  | **Why would it not be possible to undertake this project without personal data?** | The data will list patient numbers that have a certain condition or on certain drugs. GP practice staff will have access to the actual patient details. The NHS South Yorkshire Doncaster Place Medicine Management Team will in agreement with the practice have access to the data if necessary, to affect improvements in patient care. The Medicine Management Team consists of clinical staff namely Pharmacists and Pharmacy Technicians. |
|  | **Please tick the data items that are required**  **Personal**    **Special categories**  **of personal data**  **(sensitive data)** | Name  Address  Post Code  Date of Birth  GP Practice  Date of Death  NHS Number  NI Number  Passport Number  Pseudonymised Data  Online Identifiers (e.g. IP Number, Mobile Device ID)  Health Data  Trade Union membership  Political opinions  Religion  Racial or Ethnic Origin  Sex life and sexual orientation  Biometric Data  Genetic Data    Criminal convictions or offences  Other: |
|  | **Is the data selected in Q3 the minimum amount of personal data that is necessary?** | Yes  No |
|  | **How will the data be kept up to date and checked for accuracy and completeness?** | The data is live data that is uploaded from GP practices onto the Eclipse Live Server. The Medicine Management Team will have access at all times to the data to undertake analysis.  PSL have devised an algorithm that identifies when the extracted data set falls outside of expected parameters. Irregularities are highlighted through the presence of unexpected elements i.e. the size of the data set, number of data lines, number of drugs, blood pressure readings. Where the data has characteristics which could be deemed as outliers, the extraction would not be accepted by the system and this would trigger manually scrutiny. |
| **Contracts, Third Party Suppliers and Data Processors** | | |
|  | **Will a third party be involved?**  Is the ICB contracting with a third party to deliver a commissioned service, engaging with a Data Processor or procuring a new system/digital health technology? | Yes  No  If yes, please select:  Contract to deliver a commissioned service  Data Processor for the ICB  New system supplier  Digital Health Technology (e.g. Apps) – please ensure the supplier completes the NHSx [Digital Technology Assessment Criteria](https://www.nhsx.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/) and submit the form with this DPIA    If no, please go to the Confidentiality section. |
|  | **Is the third party registered with the Information Commissioner?** | Yes  No  Organisation: Prescribing Services Ltd (PSL)  Data Protection Registration Number: Z2536678 |
|  | **Has the third party supplier completed and published a satisfactory** [**Data Security and Protection Toolkit**](https://www.dsptoolkit.nhs.uk/)**?** | Yes  No  If no, please state circumstances: |
|  | **Does the third party supplier have appropriate certification?** | Yes  No  Not applicable  If yes, please select:  ISO/IEC 27001:2013 – certificate number 1412892  Cyber Essentials (CE)  Cyber Essentials Plus (CE+) |
|  | **Does the third party supplier contract(s) include all the necessary Information Governance clauses regarding Data Protection and Freedom of Information?** Speak to the IG Team for assistance | Yes  No  Is the contract based on or utilise the NHS standard contract?  Yes  No  Is there a Data Processing Contract in place?  Yes  No  Not applicable |
|  | **Has a Data Processor/Third Party Supplier Assurance checklist been completed?**  See Appendix D - To be completed by the Data Processor/third party system supplier | Yes  No  Not applicable  DTAC has been completed |
|  | **Will other third parties (not already identified) have access to the data?** Include any external organisations. | Yes  No  If so, for what purpose?  Please list organisations and by what means of transfer: |
| **Lawful Basis and Confidentiality** | | |
|  | **Please outline how individuals will be informed and kept informed about how their data will be processed.**  A copy of the [privacy notice and/or leaflets](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-be-informed/) must be provided. | Practice Privacy Notice |
|  | **Does the project involve the collection of data that may be unclear or intrusive?** Are all data items clearly defined? Is the data collected limited to a specific set of predefined categories? | Yes  No  If yes, please explain: |
|  | **What legal basis under UKGDPR enables this data processing?**  For more information about conditions for processing, please see the [ICO’s UKGDPR website](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/). | Personal data (identifiers and potentially identifiable data):  Exercise of official authority or public interest:  Contract with the Data Subject:  Legal obligation:  Vital interests:  Consent  Other:  Special categories of personal data (sensitive data), *if applicable (see Q3)*:  Health or social care:  Public Health:  Employment, social security and social protection law  ☐ Vital interests and subject incapable of consenting  ☐ Already made public by data subject:  ☐ Legal proceedings:  ☐ Substantial public interest:  Explicit Consent  ☐ Other: |
|  | **If you are relying on individuals (patients/staff) explicit consent under Q15 to process personal identifiable or special category data:**  Please provide copies of any consent documentation that will be used, including patient information leaflets | How will consent be obtained and by whom?  N/A  Will the consent cover all proposed processing and sharing/disclosures?  Yes  No  If no, please detail: |
|  | **Are any of the data bound by a duty of confidentiality (in accordance with the** [**Common Law Duty of Confidentiality**](https://www.ukcgc.uk/manual/confidentiality)**)?** | Yes  No  If yes – please specify: Health information |
|  | **Where it is planned to process confidential data, what are the grounds for doing so?** | Consent (reasonable expectation – e.g. in the delivery of direct care)  Overriding public interest (e.g. safeguarding) - Please specify:  Legal duty or permissive power (e.g. s251 support) - Please specify: |
|  | **What arrangements are in place to process Subject Access Requests?** What would happen if such a request were made? | The PSL systems and architecture allows personal  data to be extracted / printed and provided to data  subject on request. End users can view, add notes to an alert, or an action plan connected to a priority patient. All this  activity is retained within the system and can be retrieved for the purposes of providing copies to data subjects.  The system provides an audit trail of extractions  and reports such that these can also form part of a  subject access request response as well. |
|  | **Will the processing of data be automated?** Will the proposed processing of data involved automated means of processing to determine an outcome for the individual? | Yes  No  Not applicable  PSL products and services create an aggregated version of data, pulled from the Controller systems and stored by Prescribing Services and then presented to the Controller customer for use. This effectively sorts patients into particular categories for risk or health management purposes to allow the Controller customer to make decisions about suitable  interventions or healthcare management decisions. There is clearly profiling taking place that results in a decision that will affect the care options available to the individual.  The patient, in this case, is subject to care decisions made as a result automated profiling into specific patient groups or the automated identification of risk factors.  In this case, there does not appear to be an impact on the legal rights of the individual nor any significant negative effect for those having decisions made about them. Where a  clinician has identified risk and feel an intervention or care option is appropriate, the individual being profiled is likely to benefit from any decisions made. Additionally, the data  subject retains choice and control about whether to take options provided to them such as referral to a third-party healthcare provider.  Since the processing does not fully match the definition, it is asserted that the Controller may proceed with processing without the additional restrictions under Article 22 and ensuring that information rights and transparency requirements are observed. |
|  | **What process is in place to ensure that other data subject rights (such as rectification/objection) can be appropriately applied?** What would happen if such a request were made? | The PSL systems and architecture allows personal data to be amended / access restricted and provides an audit trail of such amendments.  Since patients largely do not have a direct relationship with PSL and PSL would be unable to identify a particular individual, it is anticipated that these rights would be actioned by the healthcare provider at source.  Where an Eclipse user identifies an inaccuracy at source and adds a read code or alters basic demographics, this will automatically be included in the Eclipse data extraction. For example, the GP adds a new allergy to the record because the patient has flagged it. The next extraction performed by Eclipse will include that information and this will be available to other users. |
| **Engagement** | | |
|  | **Has stakeholder engagement taken place?** | Yes  No  If yes, how have any issues identified by stakeholders been considered?  The processing will rely on GP Practices signing up to the Data Processing Contract with PSL. Engagement with Practices will therefore take place once the system has been assured via the governance process.  If no, please outline any plans in the near future to seek stakeholder feedback: |
| **Data Sharing** | | |
|  | **Does the project involve any new data sharing between stakeholder organisations?**  **Is this use or disclosure of data in scope for the national data opt- out to be applied?**  Contact your IG lead if you need more information about this | Yes  No  If yes, please describe:  The data is live data that is uploaded from GP practices onto the Eclipse Live Server. The Medicine Management Team will have access at all times to the data to undertake analysis.  Please provide a high-level data flow diagram showing how identifiable information would flow.  Yes  No |
| **Data Linkage** | | |
|  | **Does the project involve linkage of personal data with data in other collections, or significant change in data linkages?**  The degree of concern is higher where data is transferred out of its original context (e.g. the sharing and merging of datasets can allow for a collection of a much wider set of information than needed and identifiers might be collected/linked which prevents personal data being kept anonymously) | Yes  No  If yes, please provide a data flow diagram showing how identifiable information would flow and ensure this is added to the Information Asset and Data Flow Register (see Information Assets and Data Flows section). |
| **Information Security** | | |
|  | **Who will have access to the data within the project?**  Please refer to roles/job titles/organisations. | Members of NHS South Yorkshire Doncaster locality medicines management team and practice staff |
|  | **Is there a useable audit trail in place for the project?**  For example, to identify who has accessed a record? | Yes  No  Not applicable  If yes, please outline the audit plan:  The following assurances have been sought and obtained;  • All systems / software enables and supports investigations for any reason (e.g. inappropriate access or cyber security incident)  • The system / software allows identification of any changes which have been made to clinical or administrative data, Patient/Service User data. This includes identifying  what changes were made, by what user and at what time.  • The systems provide completed auditing:   * Username (Where logged in) * Time of event * Activity undertaken * IP address of action * Duration of activity   • The systems allow monitoring of whether access controls are working as intended. Administrators may audit the movements of all staff, so it is possible to check that they are not accessing areas which they shouldn’t be or seeing things or doing things they shouldn’t be.  • System audit trail includes updates, backups, any maintenance activities or reference data changes.  • For successful login audit data includes User ID, date and time (hh:mm:ss)  • For unsuccessful login audit data includes number of attempts, Date and time, Access point (if available), User ID (if available)  • The Password Change audit data includes User ID, User whose password was changed, Date and time, end-user device (or Solution) identification information |
|  | **Where will the data be kept/stored/accessed?**  Where applicable, please refer to data flow diagram. | The data is live data that is uploaded from GP practices onto the Eclipse Live Server within the UK. The Medicine Management Team will have access at all times to the data to undertake analysis with Practice permission. |
|  | **Please indicate all methods in which data will be transferred** | Fax  Email (Unsecure/Personal)  Email (Secure/nhs.net)  Internet (unsecure – e.g. http)  Telephone  Internet (secure – e.g. https)  By hand  Courier  Post – track/traceable  Post – normal  Software  Mobile app  Other: |
|  | **Does the project involve privacy enhancing technologies?**  Encryption, two factor authentication and/or pseudonymisation. | Yes  No  If yes, please give details:  GP Data is extracted with nationally identified sensitive read codes removed (as specified by ISB1572). This creates datasets containing only de-identified data used for data analysis. This data is fully encrypted to allow secure transmission of data to our high security data centre using AES 256bit encryption. NHS number is replaced by an Eclipse identifier when held in Eclipse server.  Upon landing in the PSL hosting facilities, a numeric identifier (Eclipse Identifier) is created for each patient. Data is summarised and stored for use with web-based applications.  This pseudonymised primary care data, with only internal practice identifier, is now held in NHSD certified, tested, approved data centre in disused nuclear bunker.  A ‘Little Gemini’ data set (Patient File, Practice Code, Patient reference / MiQuest Number, NHS Number) is created from primary care system reporting tools, MiQuest and EMIS Population manager. File is encrypted using AES-256bit encryption.  Transmitted as data directly from practice using Eclipse website hosted within the HSCN network using TLS1.1, 1.2 secure socket connections.  Upon landing in the PSL hosting facilities, the practice Code and patient reference in the Little Gemini data set are used to find the Eclipse Identifier for each patient within the dataset. The Eclipse identifier along with the encrypted (AES 256) patient identifiable information are transmitted over a secure encrypted tunnel to the Trusted 3rd Party server hosted within the HSCN network at a local hospital |
|  | **Is there a documented System Level Security Policy (SLSP) for this project?**  A SLSP is required for new *systems* – this is likely to need to be completed by the supplier. | Yes  No  Not applicable  If yes, please provide a copy. |
|  | **What plans are in place in relation to the internal reporting of a personal data breach?** | Included in Data Processing Contract that PSL will notify Practices/Doncaster Place of any incidents within 24 hours of becoming aware. |
| **Privacy and Electronic Communications Regulations** | | |
|  | **Will the project involve the sending of unsolicited marketing messages electronically such as telephone, fax, email and text?**  Please note that seeking to influence an individual is considered to be marketing. | Yes  No  If yes, what communications will be sent?  Will consent be sought prior to this?  Yes  No  If no, please explain why consent is not being sought first: |
| **Records Management** | | |
|  | **What are the specific retention periods for this data?**  Please refer to the [Records Management Code of Practice for Health and Social Care 2016](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016) and list the retention period for identifiable project datasets. | Identifiable information remains within Practice systems so as per standard Care records. |
|  | **Will the data be securely destroyed when it is no longer required?** | Yes  No  If no, please detail: |
|  | **Where personal data are processed outside of SYICB’s premises or systems, how will they be securely returned to the ICB for the remainder of the retention period when necessary (e.g. following closure of the project/end of contract)** | N/A |
| **Information Assets and Data Flows** | | |
|  | **Has an Information Asset Owner been identified and does the Information Asset and Data Flow Register require updating?**  Information Asset form and Dataflow template can be obtained from IG. | Yes  No  If yes, include the completed Information Asset Form.  Does this project constitute a change to existing Information Asset(s)  Yes  No  If yes, include the amended Information Asset form and Data Flow risk assessment for risk review. |
| **Business Continuity** | | |
|  | **Have the business continuity requirements been considered?**  How will the personal data be restored in a timely manner in the event of a physical or technical incident? | Yes  No  Business Continuity is not applicable  Please explain and either reference how such plans link with the organisational plan or why there are no business continuity considerations that are applicable for this project: |
| **Open Data** | | |
|  | **Will identifiable/potentially identifiable from the project be released as Open Data (placed into the public domain)?** | Yes  No  If yes, please describe: |
| **Data Processing Outside of the UK** | | |
|  | **Will any personal and/or special category data be transferred to a country outside the UK?** | Yes  No  If yes, which data and to which country? |

**Section 2: Data Protection Impact Assessment Information Governance Review**

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| **Information Governance Review (for completion by IG)** | | | | **Response (for completion by project lead)** | |
| **Issue** | | **Potential Risk** | **Recommendation** | **Agreed Action** | **Completion (Date and Initials)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

*For completion by IG:*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk** | | **Likelihood** | **Consequence** | **Controls Reducing Likelihood and Severity** | **Effect on Risk** | **Residual Risk** | **Measure approved** |
| **1** | Data Integrity – accuracy of the algorithms leading to alerts – patients do not have their medicine utilisation optimised | Unlikely | Minor | Irregularities are highlighted through the presence of unexpected elements i.e. the size of the data set, number of data lines, number of drugs, blood pressure readings. Where the data has characteristics which could be deemed as outliers, the extraction would not be accepted by the system and this would trigger manually scrutiny. | Reduced | Rare/Minor | Yes |

**IG review completed by:** Head of IG **Review date:**

**Date complete and risk assessed:**  **Consultation with ICO required?** No

**Section 3: Review and Approval**

**Assessment completed by**

|  |  |
| --- | --- |
| **Name:** | Charlotte McMurray |
| **Title:** | Chief Pharmacist |
| **Date:** | 01/02/2024 |

**Data Protection Officer Approval**

|  |  |
| --- | --- |
| **Name:** | Caroline Million |
| **Title:** | DPO |
| **DPO advice:**  DPO should advise on compliance, risks identified and whether processing can proceed.  If accepting any residual high risk, consult the ICO before going ahead | Processing can proceed – queries raised and all answered satisfactorily  MILLION, Caroline (NHS SOUTH YORKSHIRE ICB - 03N)      To:​FELLS, Rose (THE SCOTT PRACTICE)​  Thu 2/22/2024 14:46  Hi Rose  I have reviewed this several times now across the patch and can confirm there are no issues with it.  Regards  Caroline  Sent from my iPhone |
| **Approved** |  |
| **Date:** | 22.2.2024 |

The DPO should also review ongoing compliance with DPIA

**SIRO/Caldicott Guardian Approval**

|  |  |
| --- | --- |
| **Name:** | Rose Fells |
| **Title:** | Managing Partner |
| **DPO advice accepted or overruled:**  If overruled, you must explain your reasons | DPO advise accepted |
| **Approved:** |  |
| **Date:** | 23.2.2024 |

|  |  |
| --- | --- |
| This DPIA will be kept under review by: |  |